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To:

<b>NAME:</b>	<b>FACSIMILE:</b>
MS US Patent and Trademark Office	(571) 273-8300

FROM: Stephen C. Durant,  
Reg. No. 31,506

DATE: Sept. 9, 2005

Number of pages with cover page:	4	
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Comments:

**ATTORNEY DOCKET NO.: 306812005800**  
**APPLICATION NO.: 10/777,603**  
**FILING DATE: February 11, 2004**  
**INVENTOR(S): Michael HUTTON et al.**  
**TITLE: SWAP MUX TO RELIEVE LOGIC DEVICE INPUT LINE STRESS**

Papers attached herewith:

1. Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pgs.

SEP 09 2005

PTO/SB/83 (04-06)

Approved for use through 11/30/2005. OMB 0651-0038  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/777,603
	Filing Date	February 11, 2004
	First Named Inventor	Michael HUTTON
	Art Unit	2127
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	306812005800

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record. The undersigned signs this Request on behalf of all attorneys and agents  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

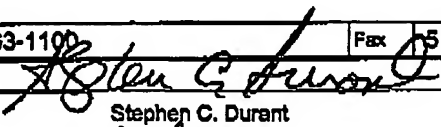
The reasons for this request are:

The practitioners have been discharged by the client. The client has requested transfer to new counsel.

## CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Godfrey Kwan Beyer, Weaver, Thomas, LLP		
Address	Oakland City Center 500 12th Street Suite 200		
City	Oakland	State	CA Zip 94607
Country	US		
Telephone	510-663-1100	Fax	510-663-0920
Signature			
Name	Stephen C. Durant	Registration No.	31,506
Date	9/8/05	Telephone No.	(415) 268-6982

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: 9/9/05

Signature:  (Victoria Wilson)

sf-1986325

PTO/SB/83 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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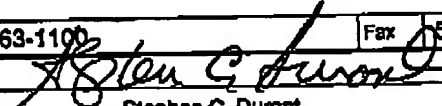
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City	Oakland	State	CA	Zip	94607
Country	US				
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Signature					
Name	Stephen C. Durant		Registration No.	31,506	
Date	9/8/05		Telephone No.	(415) 268-8982	

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PTO/SB/83 (04-05)

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Signature	<i>Stephen C. Durant</i>		
Name	Stephen C. Durant	Registration No.	31,508
Date	9/8/05	Telephone No.	(415) 268-6982

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Dated: 9/9/05

Signature: *Victoria Wilson* (Victoria Wilson)

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